

DATE 9/4/07

APPLICATION NUMBER 11713319

DOC CODE 1171

DOC DATE 8/21/07

DELIVER THE ATTACHED FILE/DOCUMENT TO THE TC  
SCANNING CENTER

CONTRACTOR: THE ATTACHED FILE/DOCUMENT MUST BE  
INDEXED AND SCANNED INTO IFW WITHIN 8 WORK HOURS;  
UPLOADING OF THE SCANNED IMAGES SHOULD OCCUR NO  
LATER THAN 16 WORK HOURS  
FOLLOWING RECEIPT OF THIS REQUEST

AFTER SCANNING, ORIGINAL DOCUMENTS SHOULD BE BOXED IN  
ACCORDANCE WITH INSTRUCTIONS

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

10 713,319

**CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    |              |
| INDEPENDENT CLAIMS  | minus 3=     |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A   | 3/13/07    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | 27         | Minus                            | 30                                 |
| Independent   | 5          | Minus                            | 5                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 150.00 | OR | BASIC FEE | 300.00 |
| X\$ 25=   |        | OR | X\$50=    |        |
| X100=     |        | OR | X200=     |        |
| +180=     |        | OR | +360=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 25=          |                | OR | X\$50=           |                |
| X100=            |                | OR | X200=            |                |
| +180=            |                | OR | +360=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25=          |                |
| X100=            |                |
| +180=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$50=           |                |
| X200=            |                |
| +360=            |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT B   | 8/21/07    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | 23         | Minus                            | 30                                 |
| Independent   | 21         | Minus                            | 5                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT C   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   |            | Minus                            |                                    |
| Independent   |            | Minus                            |                                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| RATE    | ADDITIONAL FEE |
|---------|----------------|
| X\$ 25= |                |
| X100=   |                |
| +180=   |                |

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$50= |                |
| X200=  |                |
| +360=  |                |